Report of the Baton Rouge Region II Pre-Summit Healthcare Meeting

Wednesday February 25, 2004

Sponsored By:

The Baton Rouge Area Foundation and CapStrategy

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Copies of completed "Public Comment Sheets" submitted by attendees

- 1. Suzi Bagot
- 2. Jacquelyn Blaney
- 3. Jane Boudreaux ,RN
- 4. Suzanne Bridgewater
- 5. Sue Bushey
- 6. Debbie Cartwright
- 7. Edna Cosey
- 8. Sue Catchings
- 9. Mary Elizabeth Christian, MD FACS
- 10. Clarence Cryer Jr., MPH
- 11. Mattie Coxe
- 12. Greta Dawson
- 13. Gloria Ethridge
- 14. Cheryl Ewing
- 15. Holly Galland, MD
- 16. Molly Gendon
- 17. Melissa Guillory
- 18. LeJeanne Folse Harris
- 19. Wendy Hellinger, M.A.
- 20. Lynn Henslee
- 21. Jeannine Hinton
- 22. Kenneth Lanier, R.S.
- 23. Tommy Loyacono
- 24. Cyndi Mabry
- 25. Alvin Mack

- 26. Roberta Madden
- 27. Richard Malcolm
- 28. Katherine Martin
- 29. Sally Meyers
- 30. Dr. Rama Mohanty
- 31. Virginia Moore
- 32. Ronald Nettles
- 33. Bill Noonan
- 34. Trenton Olsen
- 35. Chris Pilley
- 36. Lisa Posey
- 37. David Edward Post
- 38. Louis Prejean
- 39. Elaine Richard
- 40. Lonnie Bruce Roberts
- 41. Jamie Rogues
- 42. Sharon Runyan
- 43. John Roshto
- 44. Patsy Rusk
- 45. Jacques Saunders, MD
- 46. Sister Lory Schaff
- 47. Brenda Sharp
- 48. Elizabeth Singh
- 49. Diane Smith, RN
- 50. Lana Sonnier
- 51. Annette Spurlock
- 52. Mike Steinkamp
- 53. Tony Sun, MD
- 54. Brad Thibodaux
- 55. Christopher Williams
- 56. Kirk Wilson
- 57. Sandee Winchell
- 58. Ann Woodward

Background and Agenda

The Baton Rouge Area Foundation was asked to host the Baton Rouge area (Region II) pre-summit meeting in preparation for Governor Blanco's statewide health summit to be held on March 3rd & 4th in New Orleans. The Foundation invited CapStrategy, the economic development arm of The Chamber of Greater Baton Rouge to partner with us on this important project. We reviewed the topics and information included in other statewide pre-summit meetings in an attempt not to duplicate the efforts of others. We designed our meeting to focus on the questions asked by the Governor and invited six well respected experts to speak on those critical topics. The topics included: Medicaid funding and how the state Department of Health and Hospitals allocates those funds to both public and private institutions; Earl K. Long Charity Hospital and its role in serving the uninsured citizens in our region; the critical need for preventative health services for children and adults; the current status of individuals with mental illness, addictive disorders and development disorders; and the issue of the strengths and weaknesses of the healthcare system from a local practitioner's viewpoint. (A copy of the agenda and a brief resume of each speaker are attached to this report.)

Meeting Format

The Foundation issued two separate press releases inviting the public to attend and emailed a copy of the release and an invitation to public officials of Region II. A copy of the agenda, the press release, and a "Public Comment Sheet" was posted on our website along with pre-registration information. The meeting was held from 7:00am till 1:00pm on February 25, 2004 at the C. B. Pennington Conference Center in Baton Rouge.

Each of the speakers were allotted twenty minutes to make their presentations and two lengthy question and answer sessions were held, which allowed citizens to ask questions of the entire panel of experts. In addition, the final hour was set-aside for members of the audience to address issues that were not covered by the formal presentations.

At registration, each of the more than 250 attendees was given a "Public Comment Sheet", which gave them the opportunity to speak to the group and to provide additional information that would be submitted as part of our report. Those comment sheets and a list of the registrants are attached.

The Sponsors

The Baton Rouge Area Foundation was established in 1964 as a community foundation dedicated to serving individuals and companies in fulfilling their charitable giving goals. Each year our donors help build our community by awarding millions in grants to effective area nonprofits.

In 2003, the Mayor of Baton Rouge, Louisiana State University officials and the leadership of the areas private hospitals called on the Foundation to explore the pending crisis in healthcare as a result of dramatic budget cuts to the Earl K. Long Hospital. The Foundation in cooperation with the Baton Rouge General Hospital System, Our Lady of The Lake Regional Medical Center and Woman's Hospital contracted with The Lewin Group, a nationally recognized healthcare consulting firm, to

study how best to provide healthcare to the indigent and uninsured in this area with the resources available. The results of the study will be available mid-March 2004.

CapStrategy (Capital Region Competitiveness Strategy) is a new regional non-profit, clustered-base economic development initiative on the State's Vison 2020 plan created to transform our region into a high-performing next generation economy. The initiative covers a nine-parish area. CapStrategy has identified eight industry clusters that will serve as the engines of economic growth in the nine-parish region. One of those clusters is Healthcare & Biomedical that includes biomedical research and the manufacture of medical equipment as well as employment in traditional healthcare fields. CapStrategy encourages the public and private sectors in the Capital Region to actively participate in the process of building and marketing the region's economic future.

Question #1 - What challenges (if any) do the following populations pose in your community?

Uninsured population

The preliminary findings of Lewin Group's report, done on behalf of the Baton Rouge Area Foundation in 2003, confirmed that the number of uninsured in the Earl K. Long hospital catchment area is the second highest in the state. The study showed that there were more than 125,000 uninsured citizens in the greater Baton Rouge area second only to the New Orleans area. The majority of these citizens use the Earl K. Long Hospital for their medical needs. The Lewin study also projects that the Earl K. Long catchment area is expected to grow in the next five years faster than the population in the rest of the state, making the demand on the facility even greater in years to come. According to Lewin, the Earl K. Long Hospital in 2001 provided two-thirds of the hospital costs for the uninsured in the region or 66% of the total. The Baton Rouge General Hospital provided 10%, while Our Lady of the Lake provided 13%. Other area hospitals provided the remaining 11%. The study further shows that less than 1% of patients using the Earl K. Long have commercial insurance and the majority of the visits, 56% were not life-threatening

Budget cuts over the last decade, and in particular, the 9% cut in funding in 2003 forced staff layoffs at the hospital and resulted in half of the outpatient clinics being closed or services curtailed. This has caused uninsured patients to move to the emergency rooms of the Baton Rouge General Hospital and Our Lady of the Lake Regional Medical Center. The influx of new patients has resulted in increased wait times for all of the area emergency rooms and for many of them to be on "divert status".

The current method of using Disproportionate Funds (DSH) does not provide adequate funding for the private hospitals to cover the costs of these uninsured nor does it cover the cost of physician care.

The Bureau of Primary Care has determined a need for additional Federally Qualified Health Clinics in the Earl K. Long catchment area and in the surrounding parishes. These facilities would offer citizens an alternative to Earl K. Long and the emergency rooms of the area acute hospitals.

Medicaid Population

Louisiana ranks last in state health rankings and one of the poorest states with 16% of the population below the federal poverty level. In addition, the state ranks fourth in the nation on the number of uninsured citizens. These statistics and the allocation of the State's Medicaid dollars are of great concern. Key issues related to Medicaid are:

- Louisiana has a low percentage of physicians actively participating in Medicaid.
- The amount paid to reimburse physicians is low.
- A high level of Medicaid emergency room visits indicates a lack of primary care access for Louisiana citizens.

- Medicaid eligibility is restrictive for low-income, non-disabled adults so many low-income citizens are uninsured.
- Expenditures for Medicaid increased more slowly in Louisiana than the rest of the country.
- The LaCHIP program and Medicaid do provide coverage for children and pregnant women.
- The federal government financed about 74% of Louisiana's Medicaid program in SFY 2002/03.
- The Medicaid population lacks the ability to get appropriate specialized care when needed and lacks the ability pay for medications and services.

Both Dr. Fred Cerise and Dr. Roxane Townsend presented additional information on the uninsured and Medicaid in their presentations, which are attached as part of this report.

Question #2-What are the healthcare needs of the following population's in your community?

Children

In the Baton Rouge region, LaChip is providing a significant level of healthcare services for low-income children. At the present time, however, there is a lack of preventive healthcare for children throughout the region.

Dr. Bill Cassidy, who spoke on preventive healthcare, suggested engaging the public and private community to assist by providing resources or allow the community to come up with a solution to address a public health need. (Dr. Cassidy's presentation is attached for more information.)

There is a lack of availability of mental health services and those that are available are overcrowded and often have long waiting times for appointments.

There is a strong school health services and school nurses program in East Baton Rouge Parish and there is an active group of pediatricians willing to volunteer and serve children in this area. There is also a strong children's coalition developing a framework plan for physical, mental and dental healthcare for children to be provided in a community healthcare clinic. This would serve the working uninsured and come under the control of the Capital Area Human Services District.

People ages 65 and older

As one of the largest growing populations in the state, and the country for that matter, it is imperative that we address the needs of this exponentially growing segment of the population. Lack of education, preventive care, transportation and access to healthcare seems to be the major concerns of this group. From a physician perspective, lack of funding for specialized services and medications was prevalent. There was an extensive presentation by Dr. Bill Cassidy and Dr. Pamela Wiseman on the subject of healthcare for the elderly. Both of their presentations are attached to this report.

People with Mental Illness

There is a shortage of available services in the capitol region and patients often have to wait for weeks to see a physician. The Earl K. Long hospital plays an important role in mental healthcare serving more than 645 patients in 2002 or 15% of those served in the area.

People with Addictive Disorders

This is an area of great concern to the region, particularly the growing number of persons with HIV/AIDS that rank Baton Rouge in the top ten communities in the United States with the number of confirmed HIV cases. There is a lack of education about prevention and while there are on-going programs dealing with this subject they are inadequate based on the number of new cases.

What are the strengths of your community's healthcare system?

The area is served by two very stable acute hospitals (Baton Rouge General Medical Center and Our Lady of The Lake Regional Medical Center. The public hospital, Earl K. Long provides critical care at all levels to the indigent and uninsured. In addition, there are nine other hospitals or specialized healthcare centers in the region. The LSU School of Medicine maintains a residency program at the Earl K. Long Hospital that provides physician services at that facility. It is also one of the primary sources of physicians for the Baton Rouge area since many residents choose to stay in the community upon graduation.

The Capital Area Human Services District has been an outstanding example of how government can work more efficiently by utilizing new models for management and the delivery of services. Created by the Louisiana Legislature in 1996, the District now serves seven parishes and provides services in mental health, development disabilities and addictive disorders. The District provides new services such as school social workers, substance abuse programs and a prenatal clinic at the Earl K. Long Hospital to decrease fetal exposure to alcohol, tobacco and other drugs. There was an extensive presentation on the Capital Area Human Services District by its Executive Director, Dr. Jan Kasofsky, which is attached to this report.

Question #4 Identify any important gaps in your community's healthcare system. How would you (pre-summit respondents) address these gaps?

Much of this has been addressed in previous questions. Here are some of the highlights:

- The need for a regional Trauma Center
- The need for additional funding for the public hospital to provide adequate inpatient and out-patient care or as an alternative provide funding for the private acute hospitals to provide those services
- Better coordination between the public and private hospitals to provide for the care of the indigent and uninsured
- Increase the care available for mental health and substance abuse patients
- A lack of nurses for all of the area hospitals
- Adequate funding for specialized services and medications for the poor and elderly

Question #5 – Describe changes that could be implemented to improve the healthcare in your community with specific consideration given to access, quality and cost (to the state and patient) of services?

Uninsured

Have DSH dollars follow the patient, rather than allocating all of the funds to the public hospital system.

- Look at options for moving away from a totally state funded public hospital system that is too reliant on state funding as its only source of funding
- Provide capital funding to improve or replace the existing Earl K. Long facility

Medicaid

- Consider a patient co-pay program to raise additional revenues
- Lift the Medicaid reimbursement cap for the Earl K. Long Hospital to allow for greater stability

• Provide higher Medicaid reimbursement for providers to encourage greater participation in the program

Question #6 – How should state healthcare spending be prioritized to support your community in meetings its needs?

Please see the extensive suggestions made by the attendees and the panel of experts.

- Allow residents access to a greater choice of providers with state funding following the patient
- Provide a more realistic reimbursement to healthcare providers that would provide an incentive to participate in the program
- Improve the availability of preventive care
- Replace the existing Earl. K. Long Hospital
- Promote the creation of new community clinics or FQHC's.

Summary

The input from our panel of experts and the community was extensive and indicates a high level of concern among citizens regarding healthcare. There is a critical need for on-going planning at the local level. The state must recognize that each region is unique in its needs and there is not one solution that fits all communities. The Baton Rouge Area Foundation is continuing its work with The Lewin Group to explore new alternatives to deliver services to the poor and uninsured in the capital area. That study, based on extensive data from all area healthcare providers and from hundreds of interviews, will provide the area with a list of alternative methods for healthcare delivery that maximizes the value of state and federal funds.

We also believe the state should continue the current efforts underway by DHH to seek a HIFA (Health Insurance Financing Act) waiver to provide more flexibility and funding in the way the state utilizes its Medicaid dollars.

We appreciate Governor Blanco allowing us to participate in this important project and look forward to continuing our work on this important issue.